

Nevada J-1 Physician Visa Waiver Application Checklist

The application fee and Tabs A - N must be submitted in the order listed to the Primary Care Office, Nevada of Public and Behavioral Health (DPBH). The Department of State (DOS) case number and the physician's last name must be typed or printed on each page of the application.

Please allow at least six months from the date that the completed application is submitted to the PCO, before the physician is due to begin work at the site.

	X	J-1 Physician Visa Waiver Application
Application Fee		\$ 500.00 application fee (NRS 439A.170)
Tab A:		Name, address and designation number (HPSA or MUA/P) for practice site, or documentation of federal or state exemption. For non-designated sites, document acceptance of Medicaid, Nevada Check-Up, Medicare and sliding fee scale payments.
Tab B:		Cover letter from the employer requesting that the DPBH act as an "Interested Government Agency," and how the candidate will meet health care needs within the service area.
Tab C:		Official Contact information (typically the legal representative)
Tab D:		Candidate contact, training and qualification information and curriculum vitae
Tab E:		Complete table documenting number and percent of patient visits billed for each category of payment.
Tab F:		Describe and document employer's recruitment and retention efforts.
Tab G:		Copy of the completed contract with all required components , including a prevailing wage study for the service area.
Tab H:		Board of Medical Examiner's letter indicating that the board has approved the Candidate's application for licensure.
Tab I:		Immigration and Naturalization Form G-28 / letter regarding counsel.
Tab J:		Copies of immigration paperwork (DS 2019, I-94), ECFMG certificate and proof of passage of examinations.
Tab K:		No-objection letter from physician's home country, or statement of no financial obligation to home country.
Tab L:		Candidate and employer shall complete and sign their respective J-1 Physician Visa Waiver Policy Affidavit and Agreement forms.
Tab M:		Copy of the U.S. Department of State's J-1 Physician Visa Waiver Review Application (DS-3035; 03-2005) completed by Candidate.
*For Specialists:		Document critical need for specialist services as outlined on pages 1-2 of the application instructions.

Requirements when employment starts:

On start date	Provide Verification/Change of Status Form
As soon as possible	Provide physician contact information at practice site
Within 30 days	Review Rights and Responsibilities online power point document
Within 60 days	Obtain National Provider Identifier from Centers for Medicare and Medicaid
Semi-Annually	Complete Physician and Employer Confirmation forms
As appropriate	Complete Verification/Change of Status Form